

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN**

UNITED STATES OF AMERICA,

ex rel. ABC,

Plaintiff,

V.

Case No.

DEF,

Jury Trial Demanded

Filed Under Seal
31 U.S.C. § 3730(b)(2)

Defendant.

COMPLAINT
Claims Pursuant to the False Claims Act, 31 USC sec. 3730

[FILED IN CAMERA AND UNDER SEAL]

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN**

**UNITED STATES OF AMERICA,
ex rel. INNOVATIVE SOLUTIONS
CONSULTING, LLC,**

Plaintiff,

Case No.

v.

Jury Trial Demanded

VASSO GODZIACHVILI GODIALI, M.D.,

Defendant.

**Filed Under Seal
31 U.S.C. § 3730(b)(2)**

**COMPLAINT
Claims Pursuant to the False Claims Act, 31 USC sec. 3730, et seq.**

The United States of America, by and through *qui tam* originating relator Innovative Solutions Consulting, LLC ("Relator" or "Innovative LLC"), hereby brings this action pursuant to the False Claims Act ("FCA"), as amended, 31 U.S.C. § 3729 et seq., by and through his attorneys, Brian H. Mahany and the Law Firm of Mahany Law, and hereby declares the following to recover all damages, penalties, and other remedies available as established by the FCA which were caused by Defendant's repeated and deliberate submissions of false, fraudulent and intentionally deceptive records, claims, statements and representations, used and caused to be made, used and relied upon by the United States Government and its Medicare program.

As will be set forth with greater specificity below, Defendant Vasso Godziachvili Godiali ("Godiali") knowingly submitted falsified and fraudulent billings and charges to Medicare in an effort to be paid for services that were not provided, not medically necessary, or were fraudulently coded in such a manner that increased the amount of payments Godiali received from Medicare.

The Medicare program has used government funds to remit payment to Godiali based upon his false and fraudulent claim submissions for payment that would not have been made but for Godiali's false and fraudulent claims.

THE PARTIES

1. Plaintiff is the United States of America.
2. Plaintiff-Relator Innovative Solutions Consulting, LLC ("Innovative LLC") is an Arizona Limited Liability Company. Innovative LLC is in the consulting business.
3. Defendant Godiali is a vascular surgeon and medical director who is licensed in the State of Michigan. His license number is 43-01-065556. Godiali practices in Bay City, Michigan and upon information and belief, is the owner of a clinic known as Bay City Vascular P.C. Bay City Vascular P.C.'s registered office address is 2010 15th Street, Bay City, Michigan 48708.
4. Godiali has been the subject of at least one disciplinary proceeding, which is known as State of Michigan, Department of Licensing and Regulatory Affairs, Complaint Number 43-11-122627. The administrative complaint was filed on January 23, 2013 and a consent order was agreed to and signed on November 20, 2013. In the administrative complaint, Godiali admitted that he did not perform a surgical procedure even though he prepared and authenticated an operative report stating that he had performed the procedure.
5. Godiali has benefitted from the pattern and practices stated below.

JURISDICTION AND VENUE

6. Under 31 U.S.C. § 3730 (e), there has been no statutory relevant public disclosure of the allegation or transactions in this Complaint with respect to which Plaintiff-Relator

- Innovative LLC is not an "original source," and all material information relevant to this Complaint was provided to the United States Government prior to filing his Complaint pursuant to 31 U.S.C. § 3730(e)(4)(B).
7. An "original source" means an individual who "either (i) prior to a public disclosure under subsection (e)(4)(a), has voluntarily disclosed to the Government the information on which allegations or transactions in a claim are based, or (2) who has knowledge that is independent of and materially adds to the publicly disclosed allegations or transactions, and who has voluntarily provided the information to the Government before filing an action under this section." 31 U.S.C. § 3730(e)(4)(B).
 8. Innovative LLC is an original source as is defined in 31 U.S.C. § 3730(e)(4)(B). Innovative LLC has knowledge that is independent of and materially adds to any publicly disclosed allegations or transactions.
 9. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. § 1331 and 31 U.S.C. § 3732, the latter of which specifically confers jurisdiction on this Court for actions brought pursuant to 31 U.S.C. § 3729 and § 3730. Plaintiff-Relator establishes subject matter jurisdiction under 31 U.S.C. § 3730(b).
 10. This Court has personal jurisdiction over the Defendants and is a proper venue pursuant to 28 U.S.C. § 1391 (b) and 31 U.S.C. § 3732(a). Moreover, Defendant resides, works, and/or has a principal place of business in this District.

FACTUAL BACKGROUND

11. The Medicare program was enacted in 1965 and the Secretary of Health and Human Services regulates the administration of the program through the Centers for Medicare and Medicaid Services ("CMS"). 42 C.F.R. § 422.503(a).

12. In 2013, 52.2 million people were enrolled in Medicare. *See* CMS Fast Facts, July 2015 Version *available at* <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/> (Page last Modified: 08/04/2015 3:31 PM.)
13. Of the 52.2 million Medicare members, 33.6 million people were provided services in the year 2013. *See* CMS Fast Facts, July 2015 Version *available at* <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/> (Page last Modified: 08/04/2015 3:31 PM.)
14. The Medicare Program's payments totaled \$346 billion in 2013. Of the \$346 billion in payments, a total of \$179.4 billion in payments was based upon Medicare Part A claims and a total of \$166.6 billion in payment was based upon Medicare Part B claims. Godiali's Medicare claims were submitted under and through Medicare Part B. *See* CMS Fast Facts, July 2015 Version *available at* <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/> (Page last Modified: 08/04/2015 3:31 PM.)
15. Each year in the United States, health care insurers process over five billion claims for payment. For Medicare and other health insurance programs to ensure that these claims are processed in an orderly and consistent manner, standardized coding systems are utilized.
16. The Healthcare Common Procedure Coding System (HCPCS) is one of the coding systems that Medicare uses. It is divided into two principal subsystems, referred to as level I and level II of the HCPCS. Level I of the HCPCS is comprised of CPT (Current Procedural Terminology), a numeric coding system maintained by the

American Medical Association (AMA). (CPT codes, descriptions and other data only are copyright 1995-2014 American Medical Association. CPT is a registered trademark of AMA.) The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. These health care professionals use the CPT to identify services and procedures for which they bill public or private health insurance programs. Level I of the HCPCS, the CPT codes, does not include codes needed to separately report medical items or services that are regularly billed by suppliers other than physicians. Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items. Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by 4 numeric digits, while CPT codes are identified using 5 numeric digits. HCPCS - General Information, *available at* <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhpcsgeninfo/> (Page last Modified: 11/19/2015 9:41 AM.)

17. In order to be paid for services rendered, medical providers, such as Godiali, submit claims to Medicare that include unique HCPCS codes. Medicare then processes the claims and remits payment to the providers based upon the codes submitted.

18. Medicare only pays providers for services that are medically necessary. 42 U.S.C.A. § 1395y(a)(1A).

19. When submitting claims to Medicare, the claim submission must include both a diagnostic and procedural code. The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), is used to code diagnostic information on claims and CPT codes are a subset of the HCPCS code system, which are the procedural codes submitted. Effective October 1, 2015, ICD-10 is used for services after that date. ICD-10 Transition information, *available at* <https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/> (Page last Modified: 11/19/2015 5:18 PM.)

20. Use of truthful and accurate diagnosis codes on Part B claims is a condition of Medicare payment for those services. 42 U.S.C.A. § 1395u(p)(1).

21. Medicare Part B claims are submitted on Form CMS 1500 or its electronic equivalent, Form 837P. 42 U.S.C.A. § 1395w-4(g)(4)(A)(i); 42 C.F.R. § 424.32(b) and (d).

22. When submitting claims, providers are certifying that the claims are accurate, complete, and medically necessary. As will be demonstrated below, Godiali's submitted Medicare charges were not accurate, complete, or medically necessary.

23. Medicare payment rates for services are based on the following components as demonstrated in the Medicare Physician Fee Schedules: 1) Relative Value Units (RVUs); 2) Conversion Factor (CF); and 3) Geographic Practice Cost Indices (GPCIs).

24. The total RVU is determined based upon three separate RVUs. Three separate RVUs are associated with the calculation of a payment under the Medicare Physician Fee Schedule (Medicare PFS):

- i. The Work RVU reflects the relative time and intensity associated with furnishing a Medicare PFS service and accounts for approximately 50 percent of the total payment associated with a service;
- ii. The Practice Expense RVU reflects the costs of maintaining a practice (such as renting office space, buying supplies and equipment, and staff costs); and
- iii. The Malpractice RVU reflects the costs of malpractice insurance.

25. Should Medicare allow a provider claim for payment, the amount of the payment is determined using the above factors.

The Payment Data Utilized By Relator

26. As part of the Obama Administration's efforts to make our healthcare system more transparent, affordable, and accountable, CMS has prepared a public data set, the Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File (the "payment data"), with information on services and procedures provided to Medicare beneficiaries by physicians and other healthcare professionals. The payment data contains information on utilization, payment (allowed amount and Medicare payment), and submitted charges organized by National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) code, and place of service (POS). The payment data is based on information from CMS's National Claims History Standard Analytic Files. The payment data covers calendar year 2013

and contains 100% final-action physician/supplier Part B non-institutional line items for the Medicare fee-for-service population. Physician and Other Supplier Data CY 2013, *available at* <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier2013.html> (Page last Modified: 10/05/2015 11:46 AM.)

27. The raw data published by CMS contains more than 8,600 types of unique services (HCPCS Codes) that are delivered in 45 different settings and that are consolidated into two places of service, both facility and non-facility. Thus, there are more than 2.5 billion total services provided by more than 950,000 unique NPIs. Per CMS, the payment data contains more than nine million records. Physician and Other Supplier Data CY 2013, *available at* <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier2013.html> (Page last Modified: 10/05/2015 11:46 AM.)
28. Relator has undertaken an extensive examination and analysis of the payment data that has detected and uncovered Godiali's fraudulent billings and charges. The raw payment data from which Relator conducted its research is available to the public but Relator's proprietary calculations and results are not.
29. Relator's complex, multifaceted analysis for detecting and uncovering fraudulent billing and charges has provided holistic and comparative context where none existed in the raw payment data.
30. In the payment data, there are no allegations of fraud nor has there been any public disclosure of fraud in any setting. In fact, CMS released the payment data in the hopes that the public, such as Relator, would analyze the data for fraudulent billings.

“But [acting director of the CMS Offices of Enterprise Management] Brennan and [CMS Principal Deputy Administrator] Blum, in their remarks to the media Wednesday, said having the data become public was not only the right thing to do because Medicare is paid for with taxpayer money, but also because having researchers and reporters review the data could lead to exposure of fraudulent billing and of variations in treatment between geographical regions that might warrant changes in policy. ‘For too long, this information was not made public, it was protected, which raised many questions of what the program was spending, how it was spending,’ Blum said. ‘We want the press and outside researchers to mine this data to find outliers, to identify spending that does not appear to be in the beneficiaries’ interest and the taxpayers’ interest.’”

Mangan, Dan. *Doc who 'received' \$12M from Medicare: Not so fast*. April 11, 2014, available at <http://www.cnbc.com/2014/04/11/medicare-datas-dandyas-long-as-its-correct.html>

31. Relator has developed a proprietary formula and methodology (the “formula”) that identifies medical providers that have fraudulently falsified Medicare claims submissions for payment.
32. Relator has discovered that Godiali is a physician who has fraudulently billed Medicare and received payment based upon his falsified and fraudulent claims.
33. No entity or person could view the raw payment data in a vacuum and realize that Godiali knowingly submitted falsified and fraudulent billings and charges to Medicare. Relator’s independent knowledge, ingenuity, and insight have materially added to any public disclosure and Relator has contributed significant information on its own.

Relator’s Proprietary Formula and Methodology

34. Relator’s formula is a multistep statistical process that analyzes the payment data under a variety of circumstances.

35. After applying its formula to the payment data, Relator's formula outputs numerous sets of data that are not publicly available and that which required Relator's substantial efforts to formulate. The formula has calculated the following non-exhaustive list of results:

- i. A same specialty peer average which compares Godiali's Medicare claims submissions to that of the average vascular surgeon's Medicare claims submissions. In essence, this is an average among similarly situated people as Godiali's billings are being compared to other vascular surgeons' billings.
- ii. Godiali's national ranking in terms of each specific HCPCS-POS code combination that he used when submitting claims to Medicare in relation to all other medical providers' use of each specific HCPCS-POS code combination as well.
- iii. Godiali's usage of a specific HCPCS-POS code combination as a percentage of that individual HCPCS-POS code combination's total claim usage throughout the United States. For example, Godiali submitted claims with code 75820-O ('Imaging of Vein of Arm or Leg' in a non-facility place of service) to Medicare 995 times in 2013. The total claims submitted to Medicare with code 75820-O in 2013 by 723 different providers was 5,278 claims. Thus, Godiali was responsible for 19% of the nation's total claims with code 75820-O.
- iv. The total number of Work Relative Value Units (WRVU) consumed by Godiali in comparison to other vascular surgeons.

36. After performing its analysis, Relator determined that in 2013, half of the HCPCS-POS procedure code combinations used by Godiali ranked in the top twenty nationally for total usage and more than one out of four code combinations used by Godiali were nationally ranked as number one. Stated differently, more than 25% of the billing code combinations used by Godiali were submitted by him more than any other provider in the country.

Godiali's Averages

37. After Relator applied its proprietary formula/methodology to the payment data, Relator was able to determine that Godiali was billing Medicare amounts far in excess of a normal provider and oftentimes, was billing Medicare amounts that made Godiali the largest Medicare biller in the country.

38. In 2013, Godiali submitted claims to Medicare that used 242 individual HCPCS codes associated with medical services whereas the average number of HCPCS codes used by a vascular surgeon was 99.

39. In 2013, Godiali billed a total of 40,103 medical services to Medicare versus the 1,699 billed medical services for the average vascular surgeon. Godiali therefore billed Medicare 23.6 times more than the average vascular surgeon billed Medicare in 2013. Godiali billed 2.8 times more medical services to Medicare than the next closest vascular surgeon who billed 14,225 medical services.

40. In 2013, Godiali submitted claims to Medicare based upon his alleged treatment of 1,593 patients. The average vascular surgeon submitted claims to Medicare based upon treating only 624 patients. Godiali billed an average of 25.2 medical services per patient, whereas an average vascular surgeon billed only 2.7 medical services per

patient. Clearly, Godiali billed Medicare at a substantially higher rate than the average vascular surgeon was billing Medicare.

41. In 2013, Godiali billed each HCPCS code for medical services an average of 166 times, whereas an average vascular surgeon billed each HCPCS code only 17 times.
42. Godiali submitted claims for medical services to Medicare in the total amount of \$39,325,028. The average vascular surgeon's submitted claims for medical services to Medicare only totaled \$1,145,588. This indicates Godiali submitted claims to Medicare in an amount 34.3 times higher than the average vascular surgeon submitted claims to Medicare.
43. Of these submitted charges for medical services, Medicare allowed Godiali payments in the amount of \$14,002,242 and actually paid Godiali \$11,020,617. The average vascular surgeon was allowed payment in the amount of \$329,874 and actually received payments in the average amount of \$254,267.
44. Godiali's average payment per patient for medical services amounted to \$6,918 versus the average vascular surgeon's average payment per patient amount of only \$408.
45. Relator created a table that compares Godiali with all vascular surgeons nationally with greater than 10 patients in the utilization of patient Evaluation and Management (E&M) codes for office visits and hospital admissions as follows:

E&M Code Usage Comparison		Godiali		All Vascular Surgeons Nationally		Godiali as a % of Vascular Surgery Peer
HCPCS CODE	HCPCSDESCRIPTION	Number of Services	% at Highest Level	Number of Services	% at Highest Level	
99205	New patient office or other outpatient visit, typically 60 minutes	245	100%	23,316	9%	1,093%
99215	Established patient office or other outpatient, visit typically 40 minutes	694	91%	25,443	3%	3,434%
99223	Initial hospital inpatient care, typically 70 minutes per day	242	100%	41,959	35%	285%

46. After conducting this comparison, it has become clear that Godiali's aberrant usage of the highest-level E&M codes (requiring comprehensive history, comprehensive examination, and medical decision making of high complexity) for nearly every patient demonstrates a clear pattern of up-coding. It is simply not possible that patients with more severe problems allegedly presented themselves to Godiali at 2.85 times more frequently in an inpatient setting and 10-34 times more frequently in an outpatient setting compared to all vascular surgeons nationally.

47. Godiali billed Medicare with 63 HCPCS-POS code combinations for which Godiali was the highest provider of medical services nationally. 97 of Godiali's submitted HCPCS-POS code combinations ranked in the top-five nationally for usage, and 121 of Godiali's HCPCS-POS code combinations ranked in the Top-20 nationally for

number of medical services provided. Thus, half of his submitted codes were in top-twenty nationally for total usage.

Code Description Examples

48. After analyzing the payment data using the formula, Relator was able to determine that Godiali's usage placed him in the Top-20 nationally for each of 121 HCPCS-POS code combinations' usage. Godiali had an average rank of 3.6 across these 121 code combinations, for which Godiali's national rank breakdown is as follows:

National Rank	# of HCPCS-POS	Godiali - Number of Services	Godiali- \$ Allowed
1	63	22,814	\$9,169,632
2	17	2,656	\$567,045
3	10	1,937	\$183,287
4	5	472	\$100,702
5	2	953	\$1,076,059
6	2	296	\$38,164
7	2	65	\$16,667
8	3	202	\$40,819
9	2	587	\$35,738
10	2	103	\$10,276
11	2	461	\$62,437
13	6	2,191	\$913,468
15	1	35	\$22,694
17	1	63	\$13,700
18	1	19	\$4,577
19	1	66	\$8,769
20	1	23	\$4,733
Grand Total	121	32,943	\$12,268,767

49. In the following table, the National Top-20 HCPCS-POS combination codes that Godiali submitted for Medicare claims are described. For 18 of these code combinations Godiali accounted for 25% or more of the national usage, and for 7 of them, indicated by more than 50% national usage, Godiali's usage exceeded that of all the other national providers combined.

HCPCS-POS	HCPCS DESCRIPTION	Number of Providers That Submitted Claims	National Average - Servicers Per Provider	Total Services Nationally	Godiali - Number of Services	Number of Times Godiali's Usage vs. National Average	Godiali's National Rank	% of National Services Billed by Godiali	Godiali - \$ Allowed
37187-O	Infusion to dissolve blood clot from vein using fluoroscopic guidance	136	14.9	2,031	987	66	1	49%	\$1,372,593
37184-O	Removal of blood clot from artery or arterial graft using fluoroscopic guidance	166	8.8	1,460	746	85	1	51%	\$1,311,680
35475-O	Balloon dilation of narrowed or blocked upper arm artery	1,065	31.8	33,825	823	26	1	2%	\$640,125
36225-O	Insertion of catheter into chest artery for diagnosis or treatment	244	7.8	1,899	752	97	1	40%	\$576,141
36011-O	Insertion of catheter into vein	649	13.6	8,806	1,114	82	1	13%	\$462,125
36215-O	Insertion of catheter into chest or arm artery	786	40.5	31,865	665	16	1	2%	\$366,620
37185-O	Removal of blood clot from artery or arterial graft using fluoroscopic guidance	41	14.4	591	432	30	1	73%	\$310,124
36010-O	Introduction of catheter into the upper or lower major vein (vena cava)	352	8.7	3,058	1,003	115	1	33%	\$246,598
37224-O	Balloon dilation of leg artery	784	3.8	2,947	76	20	1	3%	\$239,599
75791-O	Imaging of artery-vein dialysis shunt	536	17.6	9,410	663	38	1	7%	\$197,451
37211-O	Insertion of catheter into artery for drug infusion for blood clot	86	16.5	1,422	892	54	1	63%	\$179,588
37202-O	Insertion of catheter into blood vessel for drug infusion	68	45.8	3,111	1,081	24	1	35%	\$177,699
36005-O	Injection procedure for X-ray imaging procedure of veins of arm or leg	725	13.3	9,611	1,091	82	1	11%	\$171,984
36148-O	Insertion of needle or catheter into an artery-vein dialysis shunt or graft	1,066	32.1	34,174	667	21	1	2%	\$171,806
37212-O	Insertion of catheter into vein for drug infusion for blood clot	28	37.1	1,039	960	26	1	92%	\$171,303
37220-O	Balloon dilation of groin artery	459	3.9	1,802	101	26	1	6%	\$160,651
37197-O	Retrieval of foreign body of blood vessels	117	3.8	447	202	53	1	45%	\$151,835
75827-O	Imaging of major vein of chest vein	411	10.2	4,203	1,052	103	1	25%	\$148,385
75658-O	Imaging of artery of arms	59	25.5	1,505	854	33	1	57%	\$144,555
35351-F	Removal of blood clot and portion of artery of groin	686	1.7	1,159	96	57	1	8%	\$144,026
75962-O	Radiological supervision and interpretation of opening narrowed groin or leg artery procedure	1,054	31.3	33,014	920	29	1	3%	\$126,094
75820-O	Imaging of vein of arm or leg	723	7.3	5,278	995	136	1	19%	\$115,845
35321-F	Removal of blood clot and portion of artery of upper arm	306	1.9	572	134	72	1	23%	\$110,255
37222-O	Balloon dilation of groin artery	200	3.4	686	100	29	1	15%	\$90,138
35472-O	Balloon dilation of narrowed or blocked aorta	41	4.3	178	96	22	1	54%	\$89,851

HCPSP-POS	HCPSP DESCRIPTION	Number of Providers That Submitted Claims	National Average - Servicers Per Provider	Total Services Nationally	Godiali - Number of Services	Number of Times Godiali's Usage vs. National Average	Godiali's National Rank	% of National Services Billed by Godiali	Godiali - \$ Allowed
75774-O	Imaging of additional artery	488	20.0	9,740	938	47	1	10%	\$82,598
75964-O	Radiological supervision and interpretation of opening narrowed groin or leg artery procedure	178	10.2	1,822	909	89	1	50%	\$80,772
36200-O	Insertion of catheter into aorta	562	5.3	2,988	254	48	1	9%	\$79,183
35302-F	Removal of blood clot and portion of artery of upper thigh	1,669	1.9	3,188	96	50	1	3%	\$64,380
34111-F	Removal of blood clot in artery	705	1.7	1,227	204	117	1	17%	\$63,907
36571-O	Insertion of catheter in vein for infusion	93	4.6	430	98	21	1	23%	\$63,868
34101-F	Removal of blood clot in artery	1,542	1.5	2,377	189	123	1	8%	\$58,613
36833-F	Revision of dialysis graft with removal of blood cot	2,301	3.2	7,408	108	34	1	1%	\$58,119
34490-F	Removal of blood clot in underarm or upper chest vein	117	3.2	377	176	55	1	47%	\$57,184
35372-F	Removal of blood clot and portion of artery of upper thigh artery	2,140	2.2	4,730	94	43	1	2%	\$53,866
34201-F	Removal of blood clot in artery	3,151	2.3	7,233	83	36	1	1%	\$48,615
35371-F	Removal of blood clot and portion of artery of upper thigh artery	3,581	2.8	10,116	97	34	1	1%	\$46,320
36120-O	Insertion of needle or catheter into the brachial (arm) artery	178	5.0	883	205	41	1	23%	\$44,086
77001-O	Fluoroscopic guidance for insertion of device into vein	1,536	20.1	30,831	390	19	1	1%	\$41,242
35460-F	Balloon dilation of narrowed or blocked vein	614	6.5	3,970	253	39	1	6%	\$40,806
35236-F	Repair of blood vessel of arm with vein graft	356	1.5	544	37	24	1	7%	\$36,486
35458-F	Balloon dilation of narrowed or blocked upper arm artery	384	2.7	1,023	133	50	1	13%	\$33,559
34421-F	Removal of blood clot in vena cava, pelvic or thigh artery	163	1.4	236	47	32	1	20%	\$31,635
75605-O	Imaging of artery of chest	110	7.8	854	219	28	1	26%	\$31,067
75860-O	Imaging of vein of head	173	5.5	943	212	39	1	22%	\$30,243
36558-O	Insertion of catheter in vein for infusion	1,035	9.3	9,631	77	8	1	1%	\$29,740
75791-F	Imaging of artery-vein dialysis shunt	1,690	5.6	9,384	324	58	1	3%	\$25,686
34471-F	Removal of blood clot in neck vein	16	2.6	41	24	9	1	59%	\$25,122
35256-F	Repair of blood vessel of leg with vein graft	354	1.3	473	36	27	1	8%	\$24,466
75756-O	Imaging of artery of breast	18	13.8	248	102	7	1	41%	\$18,215
34203-F	Removal of blood clot in artery	1,630	1.7	2,763	34	20	1	1%	\$16,838

HCPs-POS	HCPs DESCRIPTION	Number of Providers That Submitted Claims	National Average - Servicers Per Provider	Total Services Nationally	Godiali - Number of Services	Number of Times Godiali's Usage vs. National Average	Godiali's National Rank	% of National Services Billed by Godiali	Godiali - \$ Allowed
35304-F	Removal of blood clot and portion of artery of lower leg	327	1.2	401	12	10	1	3%	\$15,095
35303-F	Removal of blood clot and portion of artery of lower leg	784	1.6	1,267	23	14	1	2%	\$14,831
36120-F	Insertion of needle or catheter into the brachial (arm) artery	967	2.4	2,328	270	112	1	12%	\$13,524
37187-F	Infusion to dissolve blood clot from vein using fluoroscopic guidance	1,678	2.0	3,313	57	29	1	2%	\$12,199
75898-O	Imaging of blood vessel	417	5.6	2,323	85	15	1	4%	\$10,541
36005-F	Injection procedure for X-ray imaging procedure of veins of arm or leg	5,203	4.6	24,100	394	85	1	2%	\$9,508
35305-F	Removal of blood clot and portion of artery of lower leg	356	1.3	458	13	10	1	3%	\$8,806
75833-O	Imaging of vein of both kidneys	14	5.4	76	36	7	1	47%	\$6,109
15920-F	Removal of pressure sore and bone at tailbone	131	1.3	165	19	15	1	12%	\$5,720
37222-F	Balloon dilation of groin artery	1,401	1.7	2,354	28	17	1	1%	\$5,321
23030-F	Drainage of abscess or blood accumulation in shoulder	946	1.3	1,221	17	13	1	1%	\$2,266
23930-F	Drainage of abscess or blood accumulation at upper arm or elbow	1,570	1.3	1,998	19	15	1	1%	\$2,027
37228-O	Balloon dilation of leg artery	552	4.7	2,568	48	10	2	2%	\$195,073
75896-O	Radiological supervision and interpretation of infusion via catheter for destruction of blood clot	54	26.4	1,428	167	6	2	12%	\$140,812
76937-O	Ultrasound guidance for accessing into blood vessel	1,669	16.5	27,554	1,126	68	2	4%	\$37,653
36818-F	Relocation of arm vein with connection to arm artery	2,313	3.8	8,756	76	20	2	1%	\$37,072
36011-F	Insertion of catheter into vein	2,935	3.6	10,609	392	108	2	4%	\$31,744
36571-F	Insertion of catheter in vein for infusion	1,825	3.4	6,131	67	20	2	1%	\$21,139
36838-F	Repair of dialysis access in arm	763	1.6	1,240	15	9	2	1%	\$17,735
35860-F	Exploration of arm or leg for postsurgical bleeding, blood clot, or infection	1,830	1.8	3,318	19	10	2	1%	\$16,383
27301-F	Drainage of abscess or blood collection at thigh or knee region	4,824	1.7	8,170	46	27	2	1%	\$13,331
75820-F	Imaging of vein of arm or leg	6,580	4.3	28,374	363	84	2	1%	\$12,006
36221-O	Insertion of catheter into chest aorta for diagnosis or treatment	148	2.5	366	21	8	2	6%	\$10,789
27590-F	Amputation of thigh through thigh bone	6,543	2.3	15,165	24	10	2	0%	\$9,756
75825-O	Imaging of major vein of abdomen	276	3.8	1,060	69	18	2	7%	\$9,377
75658-F	Imaging of artery of arms	418	2.9	1,220	121	41	2	10%	\$7,304

HCPs-POS	HCPs DESCRIPTION	Number of Providers That Submitted Claims	National Average - Servicers Per Provider	Total Services Nationally	Godiali - Number of Services	Number of Times Godiali's Usage vs. National Average	Godiali's National Rank	% of National Services Billed by Godiali	Godiali - \$ Allowed
35472-F	Balloon dilation of narrowed or blocked aorta	319	1.6	509	22	14	2	4%	\$4,008
75833-F	Imaging of vein of both kidneys	150	2.4	366	29	12	2	8%	\$1,973
75964-F	Radiological supervision and interpretation of opening narrowed groin or leg artery procedure	246	2.7	655	51	19	2	8%	\$891
37232-O	Balloon dilation of leg artery	378	4.3	1,610	50	12	3	3%	\$60,959
76000-O	Imaging guidance for procedure, up to 1 hour	2,453	25.7	62,984	1,120	44	3	2%	\$51,620
75630-O	Imaging of artery of abdomen and leg	536	6.5	3,463	106	16	3	3%	\$18,067
28005-F	Incision of infected bone of foot	1,875	2.8	5,229	50	18	3	1%	\$17,046
27603-F	Drainage of abscess or blood collection at lower leg or ankle	3,505	1.7	6,031	44	26	3	1%	\$11,359
26990-F	Drainage of abscess or blood accumulation in pelvis or hip joint	3,004	1.6	4,698	20	13	3	0%	\$8,596
37220-F	Balloon dilation of groin artery	3,643	2.5	9,275	32	13	3	0%	\$6,740
76000-F	Imaging guidance for procedure, up to 1 hour	15,648	6.3	98,787	458	73	3	0%	\$3,824
37197-F	Retrieval of foreign body of blood vessels	996	1.3	1,339	19	14	3	1%	\$3,026
75860-F	Imaging of vein of head	1,680	2.2	3,672	38	17	3	1%	\$2,050
36830-F	Connection of synthetic tube graft to vein and artery for dialysis	3,964	6.3	24,971	90	14	4	0%	\$37,124
28003-F	Drainage of multiple fluid-filled sacs (bursa) of foot	1,360	2.6	3,594	68	26	4	2%	\$34,594
36589-O	Removal of central venous catheter for infusion	4,328	9.0	38,880	144	16	4	0%	\$17,472
75827-F	Imaging of major vein of chest vein	2,606	3.1	8,087	154	50	4	2%	\$8,154
34826-F	Prosthetic repair of bulging (aneurysm) of aorta	2,264	2.3	5,271	16	7	4	0%	\$3,358
37205-O	Insertion of stent into blood vessel	1,128	17.3	19,478	237	14	5	1%	\$1,003,531
93990-O	Ultrasound of dialysis access	2,187	33.3	72,718	716	22	5	1%	\$72,528
75960-O	Radiological supervision and interpretation of placement of vascular stent procedure	1,125	17.7	19,908	222	13	6	1%	\$25,858
37202-F	Insertion of catheter into blood vessel for drug infusion	849	5.9	4,996	74	13	6	1%	\$12,306
36216-O	Insertion of catheter into chest or arm artery	292	4.0	1,177	24	6	7	2%	\$14,481
75825-F	Imaging of major vein of abdomen	3,179	2.7	8,689	41	15	7	0%	\$2,186
36224-O	Insertion of catheter into neck artery for diagnosis or treatment	110	5.0	552	27	5	8	5%	\$24,895

HPCS-POS	HPCS DESCRIPTION	Number of Providers That Submitted Claims	National Average - Servicers Per Provider	Total Services Nationally	Godiali - Number of Services	Number of Times Godiali's Usage vs. National Average	Godiali's National Rank	% of National Services Billed by Godiali	Godiali - \$ Allowed
37607-F	Tying or banding of a passage between an artery and vein	2,907	3.6	10,436	51	14	8	0%	\$9,840
36148-F	Insertion of needle or catheter into an artery-vein dialysis shunt or graft	4,124	8.7	35,940	124	14	8	0%	\$6,083
15946-F	Removal of pressure sore and lower pelvic bone in preparation of muscle flap or skin graft closure	804	3.1	2,467	17	6	9	1%	\$27,507
76937-F	Ultrasound guidance for accessing into blood vessel	28,722	18.0	518,059	570	32	9	0%	\$8,231
35903-F	Removal of infected graft of arm or leg	3,085	2.7	8,413	28	10	10	0%	\$8,392
75962-F	Radiological supervision and interpretation of opening narrowed groin or leg artery procedure	4,342	4.9	21,238	75	15	10	0%	\$1,884
10140-O	Drainage of blood or fluid accumulation	10,389	4.9	51,116	360	73	11	1%	\$56,335
36010-F	Introduction of catheter into the upper or lower major vein (vena cava)	3,899	3.7	14,587	101	27	11	1%	\$6,102
35476-O	Balloon dilation of narrowed or blocked vein	1,391	127.4	177,265	994	8	13	1%	\$706,435
75978-O	Radiological supervision and interpretation of opening narrowed vein procedure	1,387	126.9	175,987	1,001	8	13	1%	\$135,251
49020-F	Drainage of abdominal abscess or infection	3,236	1.7	5,424	14	8	13	0%	\$21,936
93930-O	Ultrasound study of arteries and arterial grafts of arms	3,270	4.8	15,806	136	28	13	1%	\$21,118
36820-F	Relocation of arm vein with connection to arm artery	862	3.3	2,827	30	9	13	1%	\$18,170
34803-F	Repair of bulging (aneurysm) or tear in abdominal aorta	1,557	2.9	4,466	16	6	13	0%	\$10,558
36246-O	Insertion of catheter into abdominal pelvic or leg artery	675	6.0	4,050	35	6	15	1%	\$22,694
36140-O	Insertion of needle or catheter into an artery of arm or leg	481	8.8	4,226	63	7	17	1%	\$13,700
28810-F	Amputation of foot	6,500	2.6	16,761	19	7	18	0%	\$4,577
36589-F	Removal of central venous catheter for infusion	10,337	6.0	62,230	66	11	19	0%	\$8,769
37232-F	Balloon dilation of leg artery	2,360	3.1	7,242	23	7	20	0%	\$4,733

50. The levels of billing described above could not have been performed by Godiali in 2013 due to the sheer number of services for which he has billed Medicare.

51. These results clearly demonstrate that Godiali is fraudulently and falsely billing Medicare for services that were not provided, were not medically necessary, were

duplicative, or were billed using improper codes. But for Godiali's false and fraudulent claims, he would not have been paid by Medicare.

Work Relative Value Units

52. Relator's formula also has produced results relating to Godiali's total Work Relative Value Units (WRVU). WRVUs reflect the relative time and intensity associated with furnishing a given service for each HCPCS code and represent a standardized and consistent metric, which is a predominant factor in physician compensation.
53. Relator obtained values from the 2013 National Physician Fee Schedule Relative Value File in order to help complete the analysis.
54. Relator then computed Godiali's total WRVU by matching the HCPCS codes Godiali submitted with the values in the 2013 National Physician Fee Schedule Relative Value File.
55. Relator then also obtained the "Cost Survey: 2014 Report Based on 2013 Data," which was published by the Medical Group Management Association (MGMA), an industry-leading benchmark provider, representing more than 33,000 administrators and executives in 18,000 healthcare organizations in which 385,000 physicians practice.
56. After obtaining the cost survey, Relator created a comparison that compares Godiali with his busiest peers (vascular surgeons) at the 90th percentile as published in the MGMA cost survey. The following table demonstrates the comparison between Godiali and the 90th percentile revenue producers and WRVU consuming vascular surgeons.

	Godiali (From Medicare only)	MGMA - Vascular Surgery 90th Percentile - All Payers	Godiali as a % of 90th Percentile MGMA Peer
Total Medical Revenue	\$11,020,617	\$1,043,085	1,057%
WRVU	132,854	15,534	855%

57. After conducting this comparison, it has become clear that Godiali submitted claims to Medicare that indicate he was allegedly 8-10 times more productive than the busiest (defined as 90th percentile) vascular surgeon in the MGMA cost survey. This simply is not possible.

58. There were 63 HCPCS-POS combinations for which Godiali was the highest provider of services nationally. He submitted claims for services that were three times higher on average than the second highest provider. For nine of these combinations, Godiali was the only provider nationally with greater than 10 patients. For 17 of the HCPCS-POS combinations Godiali's usage was at least five times that of the next closest provider, for six of them it was ten times that of the next closest provider, and for '37212-O' it was 33 times that of the second highest provider.

HCPCS- POS	HCPCS Description	GODIALI'S # 1 Services	#2 Provider Services	Godiali - Number of Times Higher Than #2 Provider
15920-F	Removal of pressure sore and bone at tailbone	19	NA	Godiali only provider in the nation w/ >10 Patients
23030-F	Drainage of abscess or blood accumulation in shoulder	17	NA	Godiali only provider in the nation w/ >10 Patients
23930-F	Drainage of abscess or blood accumulation at upper arm or elbow	19	NA	Godiali only provider in the nation w/ >10 Patients
34421-F	Removal of blood clot in vena cava, pelvic or thigh artery	47	NA	Godiali only provider in the nation w/ >10 Patients
34471-F	Removal of blood clot in neck vein	24	NA	Godiali only provider in the nation w/ >10 Patients
35256-F	Repair of blood vessel of leg with vein graft	36	NA	Godiali only provider in the nation w/ >10 Patients

HPCPS-POS	HPCPS Description	GODIALI'S # 1 Services	#2 Provider Services	Godiali - Number of Times Higher Than #2 Provider
35304-F	Removal of blood clot and portion of artery of lower leg	12	NA	Godiali only provider in the nation w/ >10 Patients
35305-F	Removal of blood clot and portion of artery of lower leg	13	NA	Godiali only provider in the nation w/ >10 Patients
75833-O	Imaging of vein of both kidneys	36	NA	Godiali only provider in the nation w/ >10 Patients
37212-O	Insertion of catheter into vein for drug infusion for blood clot	960	29	33.1
34101-F	Removal of blood clot in artery	189	11	17.2
36225-O	Insertion of catheter into chest artery for diagnosis or treatment	752	47	16.0
75964-O	Radiological supervision and interpretation of opening narrowed groin or leg artery procedure	909	66	13.8
37185-O	Removal of blood clot from artery or arterial graft using fluoroscopic guidance	432	39	11.1
37197-O	Retrieval of foreign body of blood vessels	202	20	10.1
35472-O	Balloon dilation of narrowed or blocked aorta	96	11	8.7
75820-O	Imaging of vein of arm or leg	995	132	7.5
35321-F	Removal of blood clot and portion of artery of upper arm	134	19	7.1
34490-F	Removal of blood clot in underarm or upper chest vein	176	26	6.8
36005-O	Injection procedure for X-ray imaging procedure of veins of arm or leg	1,091	168	6.5
34111-F	Removal of blood clot in artery	204	32	6.4
75658-O	Imaging of artery of arms	854	151	5.7
37211-O	Insertion of catheter into artery for drug infusion for blood clot	892	166	5.4
36010-O	Introduction of catheter into the upper or lower major vein (vena cava)	1,003	192	5.2
75827-O	Imaging of major vein of chest vein	1,052	206	5.1
37187-O	Infusion to dissolve blood clot from vein using fluoroscopic guidance	987	196	5.0
37202-O	Insertion of catheter into blood vessel for drug infusion	1,081	226	4.8
34201-F	Removal of blood clot in artery	83	22	3.8
37184-O	Removal of blood clot from artery or arterial graft using fluoroscopic guidance	746	202	3.7

HPCPS-POS	HPCPS Description	GODIALI'S #1 Services	#2 Provider Services	Godiali - Number of Times Higher Than #2 Provider
36120-O	Insertion of needle or catheter into the brachial (arm) artery	205	61	3.4
75605-O	Imaging of artery of chest	219	68	3.2
35302-F	Removal of blood clot and portion of artery of upper thigh	96	36	2.7
35236-F	Repair of blood vessel of arm with vein graft	37	14	2.6
35351-F	Removal of blood clot and portion of artery of groin	96	37	2.6
75756-O	Imaging of artery of breast	102	40	2.6
35372-F	Removal of blood clot and portion of artery of upper thigh artery	94	37	2.5
35371-F	Removal of blood clot and portion of artery of upper thigh artery	97	39	2.5
36120-F	Insertion of needle or catheter into the brachial (arm) artery	270	113	2.4
75774-O	Imaging of additional artery	938	402	2.3
37222-O	Balloon dilation of groin artery	100	43	2.3
75791-O	Imaging of artery-vein dialysis shunt	663	292	2.3
35458-F	Balloon dilation of narrowed or blocked upper arm artery	133	61	2.2
36011-O	Insertion of catheter into vein	1,114	514	2.2
34203-F	Removal of blood clot in artery	34	16	2.1
36200-O	Insertion of catheter into aorta	254	125	2.0
37220-O	Balloon dilation of groin artery	101	51	2.0
75898-O	Imaging of blood vessel	85	43	2.0
75962-O	Radiological supervision and interpretation of opening narrowed groin or leg artery procedure	920	484	1.9
36571-O	Insertion of catheter in vein for infusion	98	53	1.8
77001-O	Fluoroscopic guidance for insertion of device into vein	390	218	1.8
35475-O	Balloon dilation of narrowed or blocked upper arm artery	823	555	1.5
37222-F	Balloon dilation of groin artery	28	19	1.5
35460-F	Balloon dilation of narrowed or blocked vein	253	174	1.5
36148-O	Insertion of needle or catheter into an artery-vein dialysis shunt or graft	667	479	1.4
36833-F	Revision of dialysis graft with removal of blood cot	108	79	1.4
75860-O	Imaging of vein of head	212	156	1.4
37224-O	Balloon dilation of leg artery	76	57	1.3

HCPCS-POS	HCPCS Description	GODIALI'S # 1 Services	#2 Provider Services	Godiali - Number of Times Higher Than #2 Provider
36005-F	Injection procedure for X-ray imaging procedure of veins of arm or leg	394	311	1.3
35303-F	Removal of blood clot and portion of artery of lower leg	23	19	1.2
75791-F	Imaging of artery-vein dialysis shunt	324	274	1.2
37187-F	Infusion to dissolve blood clot from vein using fluoroscopic guidance	57	50	1.1
36215-O	Insertion of catheter into chest or arm artery	665	593	1.1
36558-O	Insertion of catheter in vein for infusion	77	72	1.1
		22,591	7,546	3.0

FIRST CLAIM FOR RELIEF

Violations of the False Claims Act - 31 U.S.C. § 3729(a)(1)(A) and (B)

59. Relator incorporates by reference each of the preceding paragraphs of this Complaint.

60. This is a claim for treble damages and penalties under the FCA, 31 U.S.C. § 3729 et seq., as amended.

61. By virtue of the acts described above, the Defendant knowingly presented or caused to be presented false or fraudulent claims, records or other materials for payment which resulted in countless millions of dollars of payments of false claims by the government to the Defendant. All such false claims and acts are in violation of the FCA in general and specifically in violation of 31 U.S.C. § 3729(a)(1)(A), as amended.

62. By virtue of the acts described above, the Defendant also knowingly made, used or caused to be made or used, false records and statements material to a false or fraudulent claim which resulted in millions of dollars of payments of false claims by the United States Government to the Defendant. All such false claims and acts are in violation of

the FCA in general and specifically in violation of 31 U.S.C. § 3729(a)(1)(B), as amended.

63. The acts described above induced the United States Government to pay or approve such false or fraudulent claims.

64. Every such payment by the United States to the Defendant was a product of a false claim and materially false statements made by Defendant.

65. In reliance on these false representations and claims, the United States Government, by and through its intermediaries, paid countless millions of dollars for claims submitted by Defendant that it otherwise would not have paid had the government been aware of Defendant's knowing violations of the FCA and the various rules and regulations of the Medicare program.

66. By reason of Defendant's acts, the United States has been damaged and continues to be damaged in substantial amounts to be determined at trial.

67. Pursuant to the FCA, Godiali is liable to the United States for treble damages and a civil penalty of not less than \$5,500 and not more than \$11,000 for each of the false or fraudulent claims herein, plus three (3) times the amount of damages which the United States has sustained because of Defendant's actions.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff, the United States of America, through Innovative LLC, requests the Court for entry of judgment against Defendant and the following relief:

A. That Defendant cease and desist from further violations of the False Claims Act, 31 U.S.C. § 3729 et seq., and the related Medicare program;

- B. That the Court enter judgment against the Defendant in an amount equal to three times the amount of damages suffered by the United States because of Defendant's actions, plus a civil penalty of not less than \$5,500 and not more than \$11,000 for each false claim or certification;
- C. That Innovative LLC be awarded the maximum amount allowed pursuant to section 3730(d) of the False Claims Act;
- D. That Innovative LLC be awarded all costs of this action, including attorneys' fees, costs and expenses pursuant to 31 U.S.C. § 3730(d); and
- F. That the United States and Innovative LLC be granted such further relief as the court deems equitable, just and proper.

JURY DEMAND

Pursuant to Rule 38 of the Federal Rules of Civil Procedure, a jury trial is demanded.

Respectfully submitted on this 24th day of November, 2015.

Mahany Law, LLC

By: /s/ Brian Mahany

Brian H. Mahany

P.O. Box 511328
Milwaukee WI 53203
(414)223-0464
brian@mahanylaw.com
Attorney for Plaintiff Relator